Revision:	HCFA-PM-95-4 JUNE 1995	(HSQB)
	STATE PLAN	UNDER TITLE

Attachment 4.35-A

STATE	PT.AN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	A	T
-------	-------	-------	-------	-----	----	-----	--------	----------	---	---

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at §488.404(b)(1):

TN No. 96-1
Supersedes
TN No. 91-32
Approval Date: 5-6-96

Effective Date: 1/1/96

Attachment 4.35-B

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

TN No. 96-1
Supersedes
TN No. 90-20
Approval Date: 5-6-96

Effective Date: 1/1/96

Revision: HCFA-PM-95-4

JUNE 1995

(HSQB)

Attachment 4.35-C

STATE	DT AN	TIMBED	שויידיי	YTY	OF	THE	SOCTAT	SECURITY	ACT
DINIT	FLIMIN	UNDER		ALA	UF	100	SOCIAL	SECURITI	MC I

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

\_\_\_ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

Attachment 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Tennessee State/Territory: \_

> ELIGIBILITY CONDITIONS AND REQUIREMENTS Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

\_\_ Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 96-1 Approval Date: 5-6-96 Effective Date: 1/1/96 Supersedes TN No. NEW TN No.

JUNE 1995

(HSQB)

Attachment 4.35-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY AC	STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	A
--	-------	------	-------	-------	-----	----	-----	--------	----------	---

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

Alternative Remedy

(Will use the criteria and notice requirements specified in the regulation.)

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 96-1 Approval Date:

Effective Date: 1/1/96

Supersedes TN No. NEW Revision: HCFA-PM-95-4 JUNE 1995

(HSQB)

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 96-1 Approval Date: 5-6-96 Effective Date: 1/1/96 Supersedes TN No. NEW

Revision: HCFA-PM-95-4 (HSQB)

JUNE 1995

Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Tennessee State/Territory:

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

96-1 TN No. Approval Date: 5-6-96 Effective Date: 1/1/96 Supersedes

TN No. NEW

Attachment 4.35-H

Revision: HCFA-PM-95-4 (HSQB) JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

Approval Date: TN No. NEW

Effective Date: 1/1/96

TN No. 96-1 Supersedes